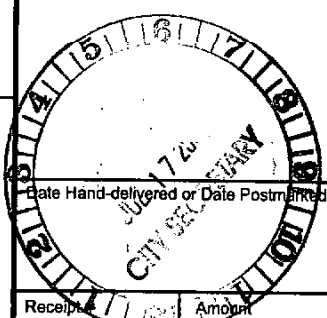


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000002	2 PAGE # 1 of 87
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Ronald		OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME LAST SUFFIX Greeh		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6524 San Felipe PMB 517 Houston, TX 77057		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Harry		
	NICKNAME LAST SUFFIX Johnson		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7670 Woodway Suite 110 Houston, TX 77063		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 978-7701		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year * 01/01/2006 06/30/2006		
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) Houston City Council Pos. 4		12 OFFICE SOUGHT (if known)
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...		
	Name		
	Address/PO Box; Apt. / Suite #; City; State; Zip Code		
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****14 C/OH NAME** Green, Ronald (Mr.)**15 ACCOUNT #** (Ethics Commission filers)
00000002**16 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE**COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**17 CONTRIBUTION
TOTALS**1. **TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED**

\$ 25.00

2. **TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)**

\$ 24,875.00

**EXPENDITURE
TOTALS**3. **TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED**

\$ 1,290.02

4. **TOTAL POLITICAL EXPENDITURES**

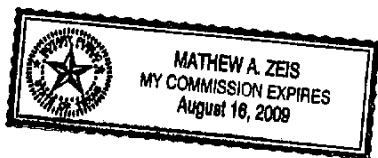
\$ 53,262.74

**CONTRIBUTION
BALANCE**5. **TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD**

\$ 39,177.07

**OUTSTANDING
LOAN TOTALS**6. **TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD**

\$ 0.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ronald C. Green, this the 17 day of July, 2006, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Matthew A. Zeis

Print name of officer administering oath

Notary

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 1/20 Report: 3/87	
2 FILER NAME Green, Ronald (Mr.)				3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 03/04/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Allen, Joe			7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 03/04/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Andrews Kurth Texas PAC			7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/20 Report: 4/87

2 FILER NAME Green, Ronald (Mr.)**3 ACCOUNT #** (Ethics Commission filers)

00000002

4 Date

03/04/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Atlas, Scott**6 Contributor address; City; State; Zip Code**
[REDACTED]**7 Amount of
contribution (\$)**

\$100.00

8 Principal occupation / Job title (See Instructions)**9 Employer (See Instructions)****10 In-kind contribution**☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11 In-kind description (if applicable)****12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)****13 Departure city / location****14 Departure date****15 Destination city / location****16 Arrival date****17 Means of transportation****18 Purpose of travel****4 Date**

03/04/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Barner, Juanita**6 Contributor address; City; State; Zip Code**
[REDACTED]**7 Amount of
contribution (\$)**

\$100.00

8 Principal occupation / Job title (See Instructions)**9 Employer (See Instructions)****10 In-kind contribution**☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11 In-kind description (if applicable)****12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)****13 Departure city / location****14 Departure date****15 Destination city / location****16 Arrival date****17 Means of transportation****18 Purpose of travel**

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/20 Report: 5/87

2 FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000002

4 Date**5** Full name of contributor ☐ out-of-state PAC(ID# _____)
Brady, Gerald**7** Amount of
contribution (\$)

03/04/2006

6 Contributor address; City; State; Zip Code
[REDACTED]

\$500.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel**4** Date**5** Full name of contributor ☐ out-of-state PAC(ID# _____)
Burney, Zinetta**7** Amount of
contribution (\$)

03/02/2006

6 Contributor address; City; State; Zip Code
[REDACTED]

\$500.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 4/20 Report: 6/87	
2 FILER NAME Green, Ronald (Mr.)				3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 02/28/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Clark, Mark			7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 03/03/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Coats, Rose PAC			7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 5/20 Report: 7/87	
2 FILER NAME Green, Ronald (Mr.)				3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 03/03/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Continental Airlines, Inc Employee Fund for a Better America PAC			7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 03/04/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dannenbaum, James			7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 6/20 Report: 8/87	
2 FILER NAME Green, Ronald (Mr.)				3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 03/04/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Davis, Walter			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 03/04/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Fulbright & Jaworski, L.L.P. Texas Committee			7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1. PAGE # Schedule: 7/20 Report: 9/87	
2. FILER NAME Green, Ronald (Mr.)		3. ACCOUNT # (Ethics Commission filers) 00000002	
4. Date 02/23/2006	5. Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Garver, C. M. 6. Contributor address; City; State; Zip Code [REDACTED]		7. Amount of contribution (\$) \$1,000.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)	
10. In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11. In-kind description (if applicable)	
12. Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13. Departure city / location	14. Departure date	15. Destination city / location	16. Arrival date
17. Means of transportation		18. Purpose of travel	
4. Date 03/01/2006	5. Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Haller, Lauren 6. Contributor address; City; State; Zip Code [REDACTED]		7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)	
10. In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11. In-kind description (if applicable)	
12. Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13. Departure city / location	14. Departure date	15. Destination city / location	16. Arrival date
17. Means of transportation		18. Purpose of travel	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 8/20 Report: 10/87

2 FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000002

4 Date

03/04/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Houston Apartment Association Better Government Fund**6** Contributor address; City; State; Zip Code
[REDACTED]**7** Amount of
contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel**4** Date

03/03/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Houston Contractors PAC (HOU CON)**6** Contributor address; City; State; Zip Code
[REDACTED]**7** Amount of
contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 9/20 Report: 11/87

2 FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000002

4 Date

02/17/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Houston Fire Fighters PAC**6** Contributor address; City; State; Zip Code
[REDACTED]**7** Amount of
contribution (\$)

\$2,000.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel**4** Date

02/27/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Jackson, Eva**6** Contributor address; City; State; Zip Code
[REDACTED]**7** Amount of
contribution (\$)

\$1,000.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 10/20 Report: 12/87

2 FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000002

4 Date**5** Full name of contributor ☐ out-of-state PAC(ID# _____)
Jamail, James**7** Amount of
contribution (\$)

03/02/2006

6 Contributor address; City; State; Zip Code
[REDACTED]

\$500.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel**4** Date**5** Full name of contributor ☐ out-of-state PAC(ID# _____)
Jard, James**7** Amount of
contribution (\$)

03/04/2006

6 Contributor address; City; State; Zip Code
[REDACTED]

\$500.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/20 Report: 13/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 03/04/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Kargbo, Edward 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$100.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 03/04/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Linebarger, Dale 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$1,000.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 12/20 Report: 14/87

2 FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000002

4 Date

03/04/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Locke Liddell & Sapp L.L.P. PAC**6** Contributor address; City; State; Zip Code
[REDACTED]**7** Amount of
contribution (\$)

\$1,000.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel**4** Date

03/04/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Martinez, David**6** Contributor address; City; State; Zip Code
[REDACTED]**7** Amount of
contribution (\$)

\$1,000.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 13/20 Report: 15/87

2 FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000002

4 Date

03/04/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
McAfee, Carrie**6** Contributor address; City; State; Zip Code
[REDACTED]**7** Amount of
contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel**4** Date

03/04/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
McGowan, Rose**6** Contributor address; City; State; Zip Code
[REDACTED]**7** Amount of
contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 14/20 Report: 16/87

2 FILER NAME Green, Ronald (Mr.)**3 ACCOUNT #** (Ethics Commission filers)

00000002

4 Date

02/23/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Medearis, Lyndall**6 Contributor address; City; State; Zip Code**
[REDACTED]**7 Amount of contribution (\$)**

\$100.00

8 Principal occupation / Job title (See Instructions)**9 Employer (See Instructions)****10 In-kind contribution**☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.**11 In-kind description (if applicable)****12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)****13 Departure city / location****14 Departure date****15 Destination city / location****16 Arrival date****17 Means of transportation****18 Purpose of travel****4 Date**

03/04/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Medearis, Lyndall**6 Contributor address; City; State; Zip Code**
[REDACTED]**7 Amount of contribution (\$)**

\$200.00

8 Principal occupation / Job title (See Instructions)**9 Employer (See Instructions)****10 In-kind contribution**☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.**11 In-kind description (if applicable)****12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)****13 Departure city / location****14 Departure date****15 Destination city / location****16 Arrival date****17 Means of transportation****18 Purpose of travel**

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 15/20 Report: 17/87

2 FILER NAME Green, Ronald (Mr.)**3 ACCOUNT #** (Ethics Commission filers)

00000002

4 Date

03/03/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Memon, Ghulam**6 Contributor address;** City; State; Zip Code
[REDACTED]**7 Amount of
contribution (\$)**

\$1,000.00

8 Principal occupation / Job title (See Instructions)**9 Employer (See Instructions)****10 In-kind contribution**☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11 In-kind description (if applicable)****12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)****13 Departure city / location****14 Departure date****15 Destination city / location****16 Arrival date****17 Means of transportation****18 Purpose of travel****4 Date**

02/14/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Morales, J. Art**6 Contributor address;** City; State; Zip Code
[REDACTED]**7 Amount of
contribution (\$)**

\$250.00

8 Principal occupation / Job title (See Instructions)**9 Employer (See Instructions)****10 In-kind contribution**☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11 In-kind description (if applicable)****12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)****13 Departure city / location****14 Departure date****15 Destination city / location****16 Arrival date****17 Means of transportation****18 Purpose of travel**

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 16/20 Report: 18/87

2 FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000002

4 Date

02/23/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Moriarty, James**6** Contributor address; City; State; Zip Code
[REDACTED]**7** Amount of
contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel**4** Date

03/04/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Poindexter, Zeb**6** Contributor address; City; State; Zip Code
[REDACTED]**7** Amount of
contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 17/20 Report: 19/87

2 FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000002

4 Date

03/03/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Rash, Jeanette**6** Contributor address; City; State; Zip Code
[REDACTED]**7** Amount of
contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel**4** Date

03/03/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Reliant Energy PAC**6** Contributor address; City; State; Zip Code
[REDACTED]**7** Amount of
contribution (\$)

\$1,500.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 18/20 Report: 20/87	
2 FILER NAME Green, Ronald (Mr.)				3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 02/27/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Turner, Raymond			7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 02/01/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Vinson & Elkins LLP Texas PAC			7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 19/20 Report: 21/87

2 FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000002

4 Date

02/13/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Weekley, Richard**6** Contributor address; City; State; Zip Code
[REDACTED]**7** Amount of
contribution (\$)

\$1,000.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel**4** Date


03/03/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Wilson, Gerald**6** Contributor address; City; State; Zip Code
[REDACTED]**7** Amount of
contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/20 Report: 22/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 02/10/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Winstead Sechrest & Minick PAC 6 Contributor address; City; State; Zip Code 		7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/65 Report: 23/87

2 FILER NAME Green, Ronald (Mr.)**3 ACCOUNT #** (Ethics Commission filers)

00000002

4 Date

02/17/2006

5 Payee name

1-800-Flowers.com

7

Amount

(\$)

\$72.51

6 Payee address; City; State; Zip CodeOne Old Country Place
Carle Place, NY 11514**8 Purpose of payment**

(See instructions regarding type of information required.)

Flowers

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

☐ Payment for travel outside Texas (complete boxes 10-16)**10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)****11 Departure city / location****12 Departure date****13 Destination city / location****14 Arrival date****15 Means of transportation****16 Purpose of travel****4 Date**

02/08/2006

5 Payee name

A. Phiip Randolph Institute

7

Amount

(\$)

\$135.00

6 Payee address; City; State; Zip CodeP.O. Box 1766
Sugarland, TX 77487**8 Purpose of payment**

(See instructions regarding type of information required.)

Advertising

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

☐ Payment for travel outside Texas (complete boxes 10-16)**10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)****11 Departure city / location****12 Departure date****13 Destination city / location****14 Arrival date****15 Means of transportation****16 Purpose of travel**

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/65 Report: 24/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 03/03/2006	5 Payee name Academy Awards 6 Payee address; City; State; Zip Code 4102 Fannin Houston, TX 77002	7 Amount (\$) \$2,160.39	
8 Purpose of payment (See instructions regarding type of information required.) Advertising <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 01/06/2006	5 Payee name Acres Homes Citizens Chamber of Commerce 6 Payee address; City; State; Zip Code 6112 Wheatley Houston, TX 770913497	7 Amount (\$) \$100.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorship <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/65 Report: 25/87**2** FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000002

4 Date 03/09/2006	5 Payee name Acres Homes Citizens Chamber of Commerce 6 Payee address; City; State; Zip Code 6112 Wheatley Houston, TX 770913497	7 Amount (\$) \$600.00
---------------------------------	--	---

8 Purpose of payment
(See instructions regarding type of information required.)
Sponsorship**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

4 Date 05/10/2006	5 Payee name Advocate Legal Senior Center 6 Payee address; City; State; Zip Code P.O. Box 8470 Houston, TX 772888470	7 Amount (\$) \$80.00
---------------------------------	--	--

8 Purpose of payment
(See instructions regarding type of information required.)
Sponsorship**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/65 Report: 26/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 06/05/2006	5 Payee name Alpha Phi Alpha 6 Payee address; City; State; Zip Code 2313 St. Paul St. Baltimore, MD 21218		7 Amount (\$) \$495.00
8 Purpose of payment (See instructions regarding type of information required.) Sponsorship <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 04/11/2006	5 Payee name American Airlines 6 Payee address; City; State; Zip Code PO Box 619612 MD 2400 DFW Airport, TX 75261		7 Amount (\$) \$234.11
8 Purpose of payment (See instructions regarding type of information required.) (See travel info) <input checked="" type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) Green, Ronald			
11 Departure city / location Houston		12 Departure date 04/20/2006	13 Destination city / location Boston
			14 Arrival date 04/20/2006
15 Means of transportation Flight		16 Purpose of travel National Association of Bond Lawyers Conference	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/65 Report: 27/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 04/12/2006	5 Payee name American Airlines 6 Payee address; City; State; Zip Code PO Box 619612 MD 2400 DFW Airport, TX 75261	7 Amount (\$) \$25.00	
8 Purpose of payment (See instructions regarding type of information required.) (See travel info) <input checked="" type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) Green, Ronald			
11 Departure city / location Boston	12 Departure date 04/24/2006	13 Destination city / location Houston	14 Arrival date 04/24/2006
15 Means of transportation Flight		16 Purpose of travel Return Flight Fee	
4 Date 03/13/2006	5 Payee name Anderson, Tamara 6 Payee address; City; State; Zip Code 8181 El Mundo #1905 Houston, TX 77054	7 Amount (\$) \$1,000.00	
8 Purpose of payment (See instructions regarding type of information required.) Contract Labor <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/65 Report: 28/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 02/10/2006	5 Payee name Antioch Missionary Baptist Church 6 Payee address; City; State; Zip Code 500 Clay Street Houston, TX 77002	7 Amount (\$) \$125.00	
8 Purpose of payment (See instructions regarding type of information required.) Advertising <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 02/01/2006	5 Payee name AT&T 6 Payee address; City; State; Zip Code PO BOX 630047 Dallas, TX 752630047	7 Amount (\$) \$75.93	
8 Purpose of payment (See instructions regarding type of information required.) Telephone <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/65 Report: 29/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 03/13/2006	5 Payee name AT&T 6 Payee address; City; State; Zip Code PO BOX 630047 Dallas, TX 752630047	7 Amount (\$) \$667.30	
8 Purpose of payment (See instructions regarding type of information required.) Telephone <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 04/14/2006	5 Payee name AT&T 6 Payee address; City; State; Zip Code PO BOX 630047 Dallas, TX 752630047	7 Amount (\$) \$219.55	
8 Purpose of payment (See instructions regarding type of information required.) Telephone <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/65 Report: 30/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 06/15/2006	5 Payee name AT&T 6 Payee address; City; State; Zip Code PO BOX 630047 Dallas, TX 752630047	7 Amount (\$) \$76.00	
8 Purpose of payment (See instructions regarding type of information required.) Telephone <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 04/26/2006	5 Payee name Boy Scouts - Sam Houston Area Council 6 Payee address; City; State; Zip Code P.O. Box 52786 Houston, TX 770522786	7 Amount (\$) \$1,000.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorship <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 9/65 Report: 31/87**2** FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000002

4 Date 02/17/2006	5 Payee name Brennan's 6 Payee address; City; State; Zip Code 3300 Smith St. Houston, TX 77006	7 Amount (\$) \$801.56
---------------------------------	--	---

8 Purpose of payment
(See instructions regarding type of information required.)
Event Expenses**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

☐ Payment for travel outside Texas (complete boxes 10-16)**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
-------------------------------------	--------------------------	---------------------------------------	------------------------

15 Means of transportation	16 Purpose of travel
-----------------------------------	-----------------------------

4 Date 02/21/2006	5 Payee name Brentwood Community Foundation 6 Payee address; City; State; Zip Code P.O. Box 45008 Houston, TX 77245	7 Amount (\$) \$250.00
---------------------------------	---	---

8 Purpose of payment
(See instructions regarding type of information required.)
Sponsorship**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

☐ Payment for travel outside Texas (complete boxes 10-16)**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
-------------------------------------	--------------------------	---------------------------------------	------------------------

15 Means of transportation	16 Purpose of travel
-----------------------------------	-----------------------------

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/65 Report: 32/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 02/01/2006	5 Payee name Brown, Chris 6 Payee address; City; State; Zip Code 100 McGowen Unit A Houston, TX 77006	7 Amount (\$) \$64.92	
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement - Office Supplies <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 02/10/2006	5 Payee name Buffalo Soldiers National Museum 6 Payee address; City; State; Zip Code 1834 Southmore Blvd. Houston, TX 77004	7 Amount (\$) \$125.00	
8 Purpose of payment (See instructions regarding type of information required.) Advertising <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 11/65 Report: 33/87

2 FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000002**4** Date

03/03/2006

5 Payee name

Cayenne's Restaurant Inc.

7

Amount

(\$)

\$2,679.38

6 Payee address; City; State; Zip Code8236 Kirby Drive Suite 200
Houston, TX 77054**8** Purpose of payment
(See instructions regarding type of information required.)
Reception Expenses☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

05/10/2006

5 Payee name

CH2M Hill

7

Amount

(\$)

\$250.00

6 Payee address; City; State; Zip Code7600 W. Tidwell Rd. Suite 400
Houston, TX 77040**8** Purpose of payment
(See instructions regarding type of information required.)
Sponsorship☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 12/65 Report: 34/87**2** FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000002

4 Date 01/31/2006	5 Payee name Chevron 6 Payee address; City; State; Zip Code 2222 Louisiana Houston, TX 77002	7 Amount (\$) \$69.03
---------------------------------	--	--

8 Purpose of payment
(See instructions regarding type of information required.)
Travel Expenses☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
-------------------------------------	--------------------------	---------------------------------------	------------------------

15 Means of transportation**16** Purpose of travel

4 Date 06/16/2006	5 Payee name Chevron 6 Payee address; City; State; Zip Code 1603 Jefferson Houston, TX 77002	7 Amount (\$) \$75.00
---------------------------------	--	--

8 Purpose of payment
(See instructions regarding type of information required.)
Travel Expenses☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
-------------------------------------	--------------------------	---------------------------------------	------------------------

15 Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/65 Report: 35/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 01/13/2006	5 Payee name Christ The Burden Bearer Church 6 Payee address; City; State; Zip Code P.O. Box 308 Missouri City, TX 77489		7 Amount (\$) \$200.00
8 Purpose of payment (See instructions regarding type of information required.) Sponsorship <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 02/01/2006	5 Payee name Contemporary Arts Museum Houston 6 Payee address; City; State; Zip Code 5216 Montrose Blvd. Houston, TX 77006		7 Amount (\$) \$250.00
8 Purpose of payment (See instructions regarding type of information required.) Sponsorship <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 14/65 Report: 36/87

2 FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000002**4** Date

04/06/2006

5 Payee name
Continental Airlines**6** Payee address; City; State; Zip Code
PO Box 4607
Houston, TX 77210**7** Amount
(\$)

\$297.10

8 Purpose of payment
(See instructions regarding type of information required.)
(See travel info)☒ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)
Green, Ronald**11** Departure city / location
Boston**12** Departure date
04/24/2006**13** Destination city / location
Houston**14** Arrival date
04/24/2006**15** Means of transportation
Flight**16** Purpose of travel
Return Flight from National Association of Bond Lawyers
Conference**4** Date

04/13/2006

5 Payee name
Continental Airlines**6** Payee address; City; State; Zip Code
PO Box 4607
Houston, TX 77210**7** Amount
(\$)

\$425.00

8 Purpose of payment
(See instructions regarding type of information required.)
(See travel info)☒ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)
Green, Ronald**11** Departure city / location
Houston**12** Departure date
05/01/2006**13** Destination city / location
Oakland**14** Arrival date
05/01/2006**15** Means of transportation
Flight**16** Purpose of travel
Minority Bond Lawyers Conference

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/65 Report: 37/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 04/17/2006	5 Payee name Continental Airlines 6 Payee address; City; State; Zip Code PO Box 4607 Houston, TX 77210	7 Amount (\$) \$316.10	
8 Purpose of payment (See instructions regarding type of information required.) (See travel info) <input checked="" type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) Green, Ronald			
11 Departure city / location Oakland		12 Departure date 05/03/2006	13 Destination city / location Houston
14 Arrival date 05/03/2006			
15 Means of transportation Flight		16 Purpose of travel Return Flight from Minority Bond Lawyers Conference	
4 Date 05/03/2006	5 Payee name Courtlandt Square Ltd. 6 Payee address; City; State; Zip Code 3401 Louisiana Suite 100 Houston, TX 77002	7 Amount (\$) \$5,141.33	
8 Purpose of payment (See instructions regarding type of information required.) 9 Months Rent for Campaign Office <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
14 Arrival date			
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 16/65 Report: 38/87

2 FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000002

4 Date

04/13/2006

5 Payee name

Courtyard Marriott

7

Amount

(\$)

\$295.08

6 Payee address; City; State; Zip Code601 Main St.
Fort Worth, TX 76102**8** Purpose of payment

(See instructions regarding type of information required.)

Travel Expenses

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

☐ Payment for travel outside Texas (complete boxes 10-16)**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

04/05/2006

5 Payee name

Damian's Cucina Italiana

7

Amount

(\$)

\$130.82

6 Payee address; City; State; Zip Code3011 Smith St.
Houston, TX 77006**8** Purpose of payment

(See instructions regarding type of information required.)

Campaign Meeting

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

☐ Payment for travel outside Texas (complete boxes 10-16)**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/65 Report: 39/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 02/08/2006	5 Payee name Derrick Thomas Foundation 6 Payee address; City; State; Zip Code P.O. Box 91311 Houston, TX 772911311	7 Amount (\$) \$135.00	
8 Purpose of payment (See instructions regarding type of information required.) Advertising <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 06/23/2006	5 Payee name Dominos Pizza 6 Payee address; City; State; Zip Code 804 Main St. Houston, TX 77002	7 Amount (\$) \$51.96	
8 Purpose of payment (See instructions regarding type of information required.) Lunch for Staff <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/65 Report: 40/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 05/30/2006	5 Payee name Downing Street 6 Payee address; City; State; Zip Code 2549 Kirby Dr. Houston, TX 77019	7 Amount (\$) \$66.15	
8 Purpose of payment (See instructions regarding type of information required.) Campaign Meeting <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 04/10/2006	5 Payee name ExxonMobil 6 Payee address; City; State; Zip Code 3717 Main St. Houston, TX 77002	7 Amount (\$) \$60.46	
8 Purpose of payment (See instructions regarding type of information required.) Travel Expenses <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/65 Report: 42/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 06/26/2006	5 Payee name ExxonMobil 6 Payee address; City; State; Zip Code 3717 Main St. Houston, TX 77002	7 Amount (\$) \$60.78	
8 Purpose of payment (See instructions regarding type of information required.) Travel Expenses <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 03/09/2006	5 Payee name Fundamentals Ink Incorporated 6 Payee address; City; State; Zip Code P.O. Box 15876 Houston, TX 77220	7 Amount (\$) \$250.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorship <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 21/65 Report: 43/87**2** FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000002

4 Date 01/06/2006	5 Payee name Garcia, Shantell 6 Payee address; City; State; Zip Code 8624 Wheatley Houston, TX 77088	7 Amount (\$) \$100.00
---------------------------------	---	---

8 Purpose of payment
(See instructions regarding type of information required.)
Consulting☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

4 Date 02/08/2006	5 Payee name Garcia, Shantell 6 Payee address; City; State; Zip Code 8624 Wheatley Houston, TX 77088	7 Amount (\$) \$100.00
---------------------------------	---	---

8 Purpose of payment
(See instructions regarding type of information required.)
Consulting☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/65 Report: 44/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 02/08/2006	5 Payee name Gee Family Association Educational Fund 6 Payee address; City; State; Zip Code 5847 San Felipe #2950 Houston, TX 77057	7 Amount (\$) \$100.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorship <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 01/12/2006	5 Payee name Government Finance Officers Association 6 Payee address; City; State; Zip Code 203 N. La Salle St. Chicago, IL 60601	7 Amount (\$) \$884.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorship <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 23/65 Report: 45/87	
2 FILER NAME Green, Ronald (Mr.)				3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 01/17/2006	5 Payee name Greater Houston Convention & Visitors Bureau 6 Payee address; City; State; Zip Code 901 Bagby Suite 100 Houston, TX 77002			7 Amount (\$) \$53.56	
8 Purpose of payment (See instructions regarding type of information required.) Constituent Gifts <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		
4 Date 06/28/2006	5 Payee name Harris County Democratic Party 6 Payee address; City; State; Zip Code 1445 North Loop West #110 Houston, TX 77008			7 Amount (\$) \$100.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorship <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/65 Report: 46/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 02/01/2006	5 Payee name Hilton Houston Southwest 6 Payee address; City; State; Zip Code 6780 Southwest Freeway Houston, TX 77074	7 Amount (\$) \$250.00	
8 Purpose of payment (See instructions regarding type of information required.) Campaign Meeting <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 01/23/2006	5 Payee name Houston Chapter of Links Inc. 6 Payee address; City; State; Zip Code 1200 Massachusetts Ave. NW Washington, DC 20005	7 Amount (\$) \$1,000.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorship <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 25/65 Report: 47/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 05/10/2006	5 Payee name Houston Branch NAACP - ACT-SO 6 Payee address; City; State; Zip Code 2002 Wheeler Ave. Houston, TX 77004		7 Amount (\$) \$300.00
8 Purpose of payment (See instructions regarding type of information required.) Sponsorship <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 04/14/2006	5 Payee name Houston Chronicle 6 Payee address; City; State; Zip Code P.O. Box 4260 Houston, TX 77210		7 Amount (\$) \$177.00
8 Purpose of payment (See instructions regarding type of information required.) Subscription <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 26/65 Report: 48/87

2 FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000002

4 Date

03/09/2006

5 Payee name

Houston Northeast CDC

7

Amount

(\$)

\$100.00

6 Payee address; City; State; Zip Code9126 Jensen Drive
Houston, TX 77093**8** Purpose of payment
(See instructions regarding type of information required.)
Sponsorship☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

02/10/2006

5 Payee name

Houston Rockets

7

Amount

(\$)

\$2,000.00

6 Payee address; City; State; Zip Code1510 Polk Street
Houston, TX 77002**8** Purpose of payment
(See instructions regarding type of information required.)
Tickets for Lone Star game for Precinct Chairs and families☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 27/65 Report: 49/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 01/06/2006	5 Payee name Houston Style Magazine 6 Payee address; City; State; Zip Code 2646 S. Loop West Suite 375 Houston, TX 77054	7 Amount (\$) \$300.00	
8 Purpose of payment (See instructions regarding type of information required.) MLK Day Advertisement <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 06/28/2006	5 Payee name Houston Style Magazine 6 Payee address; City; State; Zip Code 2646 S. Loop West Suite 375 Houston, TX 77054	7 Amount (\$) \$400.00	
8 Purpose of payment (See instructions regarding type of information required.) Essence Advertisement <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 28/65 Report: 50/87**2** FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000002**4** Date

01/06/2006**5** Payee name
Ivy Educational & Charitable Foundation**6** Payee address; City; State; Zip Code
4035 Fernwood Drive
Houston, TX 77054**7** Amount
(\$)

\$1,000.00**8** Purpose of payment
(See instructions regarding type of information required.)
Sponsorship☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

05/10/2006**5** Payee name
Jack Yates Class of 1956**6** Payee address; City; State; Zip Code
938 Peach Blossom Dr.
Pearland, TX 77584**7** Amount
(\$)

\$100.00**8** Purpose of payment
(See instructions regarding type of information required.)
Advertising☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 29/65 Report: 51/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 03/09/2006	5 Payee name Jewish Herald Voice 6 Payee address; City; State; Zip Code P.O. Box 153 Houston, TX 770010153	7 Amount (\$) \$230.00	
8 Purpose of payment (See instructions regarding type of information required.) Advertising <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 02/08/2006	5 Payee name Knights of Peter Claver -#72 6 Payee address; City; State; Zip Code 122 Wickhamford Way Houston, TX 77015	7 Amount (\$) \$100.00	
8 Purpose of payment (See instructions regarding type of information required.) Advertising <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 30/65 Report: 52/87**2** FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000002

4 Date 04/24/2006	5 Payee name Kristi Thibaut Campaign 6 Payee address; City; State; Zip Code P.O. Box 42120 Houston, TX 772422120	7 Amount (\$) \$1,000.00
---------------------------------	---	---

8 Purpose of payment
(See instructions regarding type of information required.)
Campaign Contribution**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

☐ Payment for travel outside Texas (complete boxes 10-16)**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

4 Date 04/26/2006	5 Payee name KTSU Radio 6 Payee address; City; State; Zip Code 3100 Cleburne Houston, TX 77004	7 Amount (\$) \$300.00
---------------------------------	---	---

8 Purpose of payment
(See instructions regarding type of information required.)
Sponsorship**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

☐ Payment for travel outside Texas (complete boxes 10-16)**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 31/65 Report: 53/87

2 FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000002

4 Date

04/26/2006

5 Payee name
Leadership Houston**6** Payee address; City; State; Zip Code
3015 Richmond Suite 200
Houston, TX 77098**7** Amount
(\$)

\$200.00

8 Purpose of payment
(See instructions regarding type of information required.)
Sponsorship☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

02/23/2006

5 Payee name
Levine, Burt**6** Payee address; City; State; Zip Code
3207 Rimrock Drive
Missouri City, TX 77459**7** Amount
(\$)

\$400.00

8 Purpose of payment
(See instructions regarding type of information required.)
Consulting☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 32/65 Report: 54/87**2** FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000002**4** Date

05/10/2006**5** Payee name
Levine, Burt

6 Payee address; City; State; Zip Code
3207 Rimrock Drive
Missouri City, TX 77459**7** Amount
(\$)

\$400.00**8** Purpose of payment
(See instructions regarding type of information required.)
Consulting☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

02/11/2006**5** Payee name
LIS Recording Studios

6 Payee address; City; State; Zip Code
10214 Georgibelle Suite 100
Houston, TX 77043**7** Amount
(\$)

\$250.00**8** Purpose of payment
(See instructions regarding type of information required.)
Media☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 33/65 Report: 55/87

2 FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000002**4** Date

01/06/2006

5 Payee name

Lone Star Strategies

7

Amount

(\$)

\$400.00

6 Payee address; City; State; Zip Code7670 Woodway Suite 110
Houston, TX 77063**8** Purpose of payment
(See instructions regarding type of information required.)
Compliance☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

02/08/2006

5 Payee name

Lone Star Strategies

7

Amount

(\$)

\$200.00

6 Payee address; City; State; Zip Code7670 Woodway Suite 110
Houston, TX 77063**8** Purpose of payment
(See instructions regarding type of information required.)
Compliance☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 34/65 Report: 56/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 04/05/2006	5 Payee name Lone Star Strategies 6 Payee address; City; State; Zip Code 7670 Woodway Suite 110 Houston, TX 77063	7 Amount (\$) \$4,065.82	
8 Purpose of payment (See instructions regarding type of information required.) Fundraising & Compliance <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 06/28/2006	5 Payee name Lone Star Strategies 6 Payee address; City; State; Zip Code 7670 Woodway Suite 110 Houston, TX 77063	7 Amount (\$) \$200.00	
8 Purpose of payment (See instructions regarding type of information required.) Compliance <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 35/65 Report: 57/87**2** FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000002**4** Date

02/08/2006**5** Payee name
LULAC Council 402**6** Payee address; City; State; Zip Code
P.O. Box 30498
Houston, TX 772490498**7** Amount
(\$)

\$80.00**8** Purpose of payment
(See instructions regarding type of information required.)
Sponsorship☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

05/01/2006**5** Payee name
MacArthur Place**6** Payee address; City; State; Zip Code
29 E. MacArthur St.
Sonoma, CA 95476**7** Amount
(\$)

\$415.80**8** Purpose of payment
(See instructions regarding type of information required.)
(See travel info)☒ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)
Green, Ronald**11** Departure city / location
Oakland**12** Departure date
05/01/2006**13** Destination city / location
Oakland**14** Arrival date
05/02/2006**15** Means of transportation
Hotel**16** Purpose of travel
Hotel for Minority Bond Lawyers Conference

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 36/65 Report: 58/87**2** FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000002**4** Date**5** Payee name
Marriott Hotels**7** Amount
(\$)

05/01/2006

6 Payee address; City; State; Zip Code
988 Broadway
Oakland, CA 94607

\$142.04

8 Purpose of payment
(See instructions regarding type of information required.)
(See travel info)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:☒ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)
Green, Ronald**11** Departure city / location
Oakland**12** Departure date
05/02/2006**13** Destination city / location
Oakland**14** Arrival date
05/03/2006**15** Means of transportation
Hotel**16** Purpose of travel
Hotel for Minority Bond Lawyers Conference**4** Date**5** Payee name
MC Williams Alumni / PAOCC Women's Min.**7** Amount
(\$)

05/31/2006

6 Payee address; City; State; Zip Code
P.O. Box 38369
Houston, TX 77238

\$250.00

8 Purpose of payment
(See instructions regarding type of information required.)
Sponsorship**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 37/65 Report: 59/87

2 FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000002

4 Date

02/11/2006

5 Payee name

Midtown Self Storage

6 Payee address; City; State; Zip Code1019 W. Dallas
Houston, TX 77019**7**Amount
(\$)

\$1,412.00

8 Purpose of payment
(See instructions regarding type of information required.)
Campaign Storage☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

06/28/2006

5 Payee name

Monarch Printing Company Inc.

6 Payee address; City; State; Zip Code6605 McGrew
Houston, TX 77087**7**Amount
(\$)

\$946.75

8 Purpose of payment
(See instructions regarding type of information required.)
Printing☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 38/65 Report: 60/87**2** FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000002**4** Date

03/09/2006**5** Payee name
Museum of Fine Arts Houston**6** Payee address; City; State; Zip Code
P.O. Box 6826
Houston, TX 77265**7** Amount
(\$)

\$85.00**8** Purpose of payment
(See instructions regarding type of information required.)
Dues☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

04/14/2006**5** Payee name
National Association of Bond Lawyers**6** Payee address; City; State; Zip Code
230 W. Monroe Suite 320
Chicago, IL 60606-4715**7** Amount
(\$)

\$1,045.00**8** Purpose of payment
(See instructions regarding type of information required.)
Public Finance Conference☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 39/65 Report: 61/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 02/21/2006	5 Payee name National Black MBA Association 6 Payee address; City; State; Zip Code P.O. Box 56509 Houston, TX 77056	7 Amount (\$) \$500.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorship <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 01/06/2006	5 Payee name National Forum for Black Public Admin. 6 Payee address; City; State; Zip Code 777 N. Capitol Street NE Suite 807 Washington, DC 20002	7 Amount (\$) \$185.00	
8 Purpose of payment (See instructions regarding type of information required.) Membership Dues <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 40/65 Report: 62/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 02/09/2006	5 Payee name National Forum for Black Public Administrators 6 Payee address; City; State; Zip Code 777 N. Capitol St. NE Suite 807 Washington, DC 20002	7 Amount (\$) \$425.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorship <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 03/13/2006	5 Payee name Office Max 6 Payee address; City; State; Zip Code P.O. Box 5239 Carol Stream, IL 60197	7 Amount (\$) \$262.33	
8 Purpose of payment (See instructions regarding type of information required.) Office Supplies <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 41/65 Report: 63/87**2** FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000002

4 Date 02/06/2006	5 Payee name Omni Hotel 6 Payee address; City; State; Zip Code 4 Riverway Dr. Houston, TX 77056	7 Amount (\$) \$75.78
---------------------------------	---	--

8 Purpose of payment
(See instructions regarding type of information required.)
Campaign Meeting**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

4 Date 03/03/2006	5 Payee name Pink Hospitality Group 6 Payee address; City; State; Zip Code 709 Franklin Houston, TX 77002	7 Amount (\$) \$60.42
---------------------------------	---	--

8 Purpose of payment
(See instructions regarding type of information required.)
Campaign Meeting**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 42/65 Report: 64/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 02/27/2006	5 Payee name Public Forum Institute 6 Payee address; City; State; Zip Code 2300 M St. NW Suite 900 Washington, DC 20037	7 Amount (\$) \$75.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorship <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 05/10/2006	5 Payee name Riverside United Methodist Church 6 Payee address; City; State; Zip Code 4920 Cullen Blvd. Houston, TX 77004	7 Amount (\$) \$100.00	
8 Purpose of payment (See instructions regarding type of information required.) Advertising <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 43/65 Report: 65/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 03/20/2006	5 Payee name Sambuca 6 Payee address; City; State; Zip Code 909 Texas Ave Houston, TX 77002	7 Amount (\$) \$359.54	
8 Purpose of payment (See instructions regarding type of information required.) Event Expenses <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 02/21/2006	5 Payee name Sam's Club 6 Payee address; City; State; Zip Code 5310 S. Rice Houston, TX 77081	7 Amount (\$) \$59.48	
8 Purpose of payment (See instructions regarding type of information required.) Office Supplies <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 44/65 Report: 66/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 02/27/2006	5 Payee name Sam's Club 6 Payee address; City; State; Zip Code 5310 S. Rice Houston, TX 77081	7 Amount (\$) \$59.43	
8 Purpose of payment (See instructions regarding type of information required.) Office Supplies <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
14 Arrival date			
15 Means of transportation		16 Purpose of travel	
4 Date 03/21/2006	5 Payee name Sam's Club 6 Payee address; City; State; Zip Code 1615 S. Loop W. Houston, TX 77054	7 Amount (\$) \$75.00	
8 Purpose of payment (See instructions regarding type of information required.) Office Supplies <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
14 Arrival date			
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 45/65 Report: 67/87

2 FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000002

4 Date

04/10/2006

5 Payee name
Sam's Club**6** Payee address; City; State; Zip Code
1615 S. Loop W.
Houston, TX 77054**7** Amount
(\$)

\$75.00

8 Purpose of payment
(See instructions regarding type of information required.)
Office Supplies☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

01/13/2006

5 Payee name
Sam's Wholesale**6** Payee address; City; State; Zip Code
1615 S. Loop West
Houston, TX 77054**7** Amount
(\$)

\$627.15

8 Purpose of payment
(See instructions regarding type of information required.)
Event Expenses☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 46/65 Report: 68/87**2** FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000002**4** Date**5** Payee name
Seaport Hotel**7** Amount
(\$)

04/24/2006

6 Payee address; City; State; Zip Code
200 Seaport Blvd.
Boston, MA 02210

\$682.97

8 Purpose of payment
(See instructions regarding type of information required.)
(See travel info)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:☒ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)
Green, Ronald**11** Departure city / location
Boston**12** Departure date
04/24/2006**13** Destination city / location
Boston**14** Arrival date
04/24/2006**15** Means of transportation
Restaurant**16** Purpose of travel
Dinner for Members of NABL**4** Date**5** Payee name
Shell Oil**7** Amount
(\$)

03/14/2006

6 Payee address; City; State; Zip Code
1010 W. Alabama
Houston, TX 77006

\$67.73

8 Purpose of payment
(See instructions regarding type of information required.)
Travel Expenses**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 47/65 Report: 69/87**2** FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000002

4 Date 05/08/2006	5 Payee name Shell Oil 6 Payee address; City; State; Zip Code 6522 Westheimer Houston, TX 77057	7 Amount (\$) \$63.40
---------------------------------	---	--

8 Purpose of payment
(See instructions regarding type of information required.)
Travel Expenses☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
-------------------------------------	--------------------------	---------------------------------------	------------------------

15 Means of transportation**16** Purpose of travel

4 Date 05/30/2006	5 Payee name Shell Oil 6 Payee address; City; State; Zip Code 1010 W. Alabama Houston, TX 77006	7 Amount (\$) \$75.00
---------------------------------	---	--

8 Purpose of payment
(See instructions regarding type of information required.)
Travel Expenses☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
-------------------------------------	--------------------------	---------------------------------------	------------------------

15 Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 48/65 Report: 70/87**2** FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000002

4 Date 02/21/2006	5 Payee name Sisters Network Inc. 6 Payee address; City; State; Zip Code 8787 Woodway Drive Suite 4206 Houston, TX 77063	7 Amount (\$) \$100.00
---------------------------------	--	---

8 Purpose of payment
(See instructions regarding type of information required.)
Advertising**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

4 Date 01/12/2006	5 Payee name SOURCEMEDIA INC. C&E 6 Payee address; City; State; Zip Code P.O. Box 71911 Chicago, IL 606941911	7 Amount (\$) \$195.00
---------------------------------	---	---

8 Purpose of payment
(See instructions regarding type of information required.)
Sponsorship**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 49/65 Report: 71/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 01/30/2006	5 Payee name Southwest Airlines 6 Payee address; City; State; Zip Code PO Box 36611 Dallas, TX 75235	7 Amount (\$) \$94.10	
8 Purpose of payment (See instructions regarding type of information required.) Travel Expenses <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 03/27/2006	5 Payee name Southwest Airlines 6 Payee address; City; State; Zip Code PO Box 36611 Dallas, TX 75235	7 Amount (\$) \$194.10	
8 Purpose of payment (See instructions regarding type of information required.) Travel Expenses <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 50/65 Report: 72/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 01/13/2006	5 Payee name Space Place Storage 6 Payee address; City; State; Zip Code 3011 San Jacinto Houston, TX 77004	7 Amount (\$) \$361.00	
8 Purpose of payment (See instructions regarding type of information required.) Campaign Storage <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 06/11/2006	5 Payee name Spring Cypress Chapter of Links Inc. 6 Payee address; City; State; Zip Code 27104 Monarch Woods Kingwood, TX 77339	7 Amount (\$) \$600.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorship <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 51/65 Report: 73/87**2** FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000002**4** Date

01/23/2006**5** Payee name
Sprint**6** Payee address; City; State; Zip Code
P.O. Box 660092
Dallas, TX 752660092**7** Amount
(\$)

\$147.90**8** Purpose of payment
(See instructions regarding type of information required.)
Cell Phone☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

02/08/2006**5** Payee name
Sprint**6** Payee address; City; State; Zip Code
P.O. Box 660092
Dallas, TX 752660092**7** Amount
(\$)

\$144.95**8** Purpose of payment
(See instructions regarding type of information required.)
Cell Phone☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 52/65 Report: 74/87

2 FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000002

4 Date

04/14/2006

5 Payee name
Sprint**6** Payee address; City; State; Zip CodeP.O. Box 660092
Dallas, TX 752660092**7** Amount
(\$)

\$293.90

8 Purpose of payment
(See instructions regarding type of information required.)
Cell Phone☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

06/15/2006

5 Payee name
Sprint**6** Payee address; City; State; Zip CodeP.O. Box 660092
Dallas, TX 752660092**7** Amount
(\$)

\$297.48

8 Purpose of payment
(See instructions regarding type of information required.)
Cell Phone☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 53/65 Report: 75/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 01/23/2006	5 Payee name Sprint PCS 6 Payee address; City; State; Zip Code 2036 Westheimer Suite A Houston, TX 77098	7 Amount (\$) \$97.41	
8 Purpose of payment (See instructions regarding type of information required.) Cell Phone <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 02/11/2006	5 Payee name Steve Brown Campaign 6 Payee address; City; State; Zip Code 12223 Shelwick Houston, TX 77031	7 Amount (\$) \$1,000.00	
8 Purpose of payment (See instructions regarding type of information required.) Campaign Contribution <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 54/65 Report: 76/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 03/24/2006	5 Payee name Tealas Mexican Restaurant 6 Payee address; City; State; Zip Code 3210.W. Dallas St. Houston, TX 77019	7 Amount (\$) \$123.07	
8 Purpose of payment (See instructions regarding type of information required.) Campaign Meeting <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 02/08/2006	5 Payee name Telecabletronics Communication Consult. 6 Payee address; City; State; Zip Code 9022 Covent Gardens Suite 150 Houston, TX 77031	7 Amount (\$) \$270.00	
8 Purpose of payment (See instructions regarding type of information required.) Office Supplies <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 55/65 Report: 77/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 01/24/2006	5 Payee name Texaco 6 Payee address; City; State; Zip Code 2111 Fannin Houston, TX 77002	7 Amount (\$) \$75.00	
8 Purpose of payment (See instructions regarding type of information required.) Travel Expenses <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 02/13/2006	5 Payee name Texaco 6 Payee address; City; State; Zip Code 2111 Fannin Houston, TX 77002	7 Amount (\$) \$63.00	
8 Purpose of payment (See instructions regarding type of information required.) Travel Expenses <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 56/65 Report: 78/87**2** FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000002

4 Date 03/03/2006	5 Payee name Texaco 6 Payee address; City; State; Zip Code 411 Richmond Houston, TX 77002	7 Amount (\$) \$65.33
8 Purpose of payment (See instructions regarding type of information required.) Travel Expenses <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)		
11 Departure city / location	12 Departure date	13 Destination city / location
15 Means of transportation		14 Arrival date
16 Purpose of travel		
4 Date 03/08/2006	5 Payee name Texaco 6 Payee address; City; State; Zip Code 319 Shepherd Dr. Houston, TX 77007	7 Amount (\$) \$66.22
8 Purpose of payment (See instructions regarding type of information required.) Travel Expenses <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)		
11 Departure city / location	12 Departure date	13 Destination city / location
15 Means of transportation		14 Arrival date
16 Purpose of travel		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 57/65 Report: 79/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 04/19/2006	5 Payee name Texaco 6 Payee address; City; State; Zip Code 1049 N. Shepherd Dr. Houston, TX 77008	7 Amount (\$) \$83.50	
8 Purpose of payment (See instructions regarding type of information required.) Travel Expenses <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 02/21/2006	5 Payee name Texas Coalition of Black Democrats 6 Payee address; City; State; Zip Code P.O. Box 2893 Houston, TX 77252	7 Amount (\$) \$150.00	
8 Purpose of payment (See instructions regarding type of information required.) Advertising <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 58/65 Report: 80/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 04/05/2006	5 Payee name The Breakfast Klub 6 Payee address; City; State; Zip Code 3711 Travis Houston, TX 77002	7 Amount (\$) \$365.89	
8 Purpose of payment (See instructions regarding type of information required.) Council Breakfast <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 02/08/2006	5 Payee name The Downtown Club 6 Payee address; City; State; Zip Code 340 West Dallas One Allen Center Parking Garage Houston, TX 77002	7 Amount (\$) \$548.77	
8 Purpose of payment (See instructions regarding type of information required.) Event Expenses <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 59/65 Report: 81/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 04/14/2006	5 Payee name The Downtown Club 6 Payee address; City; State; Zip Code 340 West Dallas One Allen Center Parking Garage Houston, TX 77002	7 Amount (\$) \$166.98	
8 Purpose of payment (See instructions regarding type of information required.) Meeting Expenses <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 04/24/2006	5 Payee name The Downtown Club 6 Payee address; City; State; Zip Code 340 West Dallas One Allen Center Parking Garage Houston, TX 77002	7 Amount (\$) \$429.06	
8 Purpose of payment (See instructions regarding type of information required.) Event Expenses <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 60/65 Report: 82/87**2** FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000002

4 Date 03/09/2006	5 Payee name The Warren Corporation for BCWOP 6 Payee address; City; State; Zip Code 5317 Martin Luther King Blvd. Houston, TX 77021	7 Amount (\$) \$100.00
---------------------------------	--	---

8 Purpose of payment
(See instructions regarding type of information required.)
Sponsorship**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

4 Date 02/08/2006	5 Payee name Top Ladies of Distinction - Missouri City 6 Payee address; City; State; Zip Code 9211 Dulcimer Houston, TX 77051	7 Amount (\$) \$180.00
---------------------------------	---	---

8 Purpose of payment
(See instructions regarding type of information required.)
Advertising**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 61/65 Report: 83/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 02/21/2006	5 Payee name Top Ladies of Distinction - Missouri City 6 Payee address; City; State; Zip Code 9211 Dulcimer Houston, TX 77051	7 Amount (\$) \$400.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorship <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 02/21/2006	5 Payee name TSU College of Continuing Education 6 Payee address; City; State; Zip Code 3100 Cleburne Houston, TX 77004	7 Amount (\$) \$125.00	
8 Purpose of payment (See instructions regarding type of information required.) Advertising <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 62/65 Report: 84/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 03/13/2006	5 Payee name U.S. Postal Service 6 Payee address; City; State; Zip Code 401 Franklin Houston, TX 772019998	7 Amount (\$) \$390.00	
8 Purpose of payment (See instructions regarding type of information required.) Postage <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 04/26/2006	5 Payee name U.S. Postal Service 6 Payee address; City; State; Zip Code 401 Franklin Houston, TX 772019998	7 Amount (\$) \$195.00	
8 Purpose of payment (See instructions regarding type of information required.) Postage <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 63/65 Report: 85/87	
2 FILER NAME Green, Ronald (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 05/10/2006	5 Payee name U.S. Postal Service 6 Payee address; City; State; Zip Code 401 Franklin Houston, TX 772019998	7 Amount (\$) \$390.00	
8 Purpose of payment (See instructions regarding type of information required.) Postage <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 04/26/2006	5 Payee name UH African American Studies Program 6 Payee address; City; State; Zip Code 3100 Cullen 629 Agnes Arnold Hall Houston, TX 772043047	7 Amount (\$) \$1,000.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorship <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 64/65 Report: 86/87**2** FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000002**4** Date

03/09/2006

5 Payee name
UPS Store**6** Payee address; City; State; Zip Code
6524 San Felipe
Houston, TX 77057**7** Amount
(\$)

\$300.00

8 Purpose of payment
(See instructions regarding type of information required.)
Mail Box Renewal☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

03/06/2006

5 Payee name
Walgreen's**6** Payee address; City; State; Zip Code
2612 Smith
Houston, TX 77006**7** Amount
(\$)

\$84.40

8 Purpose of payment
(See instructions regarding type of information required.)
Office Supplies☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 65/65 Report: 87/87**2** FILER NAME Green, Ronald (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000002**4** Date

01/25/2006**5** Payee name
Wills, Michael**6** Payee address; City; State; Zip Code
5210 Collingsworth
Houston, TX 77026**7** Amount
(\$)

\$500.00**8** Purpose of payment
(See instructions regarding type of information required.)
Contract Labor☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

03/09/2006**5** Payee name
YMCA**6** Payee address; City; State; Zip Code
P.O. Box 450892
Houston, TX 772450892**7** Amount
(\$)

\$250.00**8** Purpose of payment
(See instructions regarding type of information required.)
Sponsorship☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel